



NOV 09 2005

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1020)

| Complete if Known | |
|-----------------------------------|--------------------|
| Application Number | 09/392,243 |
| Filing Date | September 9, 1999 |
| First Named Inventor | John H. Lee et al. |
| Examiner Name | 1651 |
| <input type="checkbox"/> Art Unit | F.C. Prats |
| Attorney Docket Number | L111.12-0073 |

METHOD OF PAYMENT (Check all that apply)

Check Credit Card Money Order None Other (Please Identify): _____

Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

| Small Entity |
|--------------|
| Fee (\$) |

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)

100

Multiple dependent claims

Fee (\$)

180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

0 - 20 or HP = 0 x 50 = 0

Fee (\$)

360 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

0 - 3 or HP = 0 x 200 = 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| 0 | - 100 = 0 | / 50 = 0 (round up to a whole number) x | 250 | = 0 |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Three Month Extension Fee - 1253

1020

SUBMITTED BY

| | | | | |
|-------------------|-----------------|--------------------------------------|--------|---------------------------|
| Signature | | Registration No. (Attorney/Agent) | 30,214 | Telephone: 612-334-3222 |
| Name (Print/Type) | Z Peter Sawicki | | | Date: <u>Nov. 7, 2005</u> |